

| POSITION                         | INITIALS | NO. CI   | DATE     |
|----------------------------------|----------|----------|----------|
| <b>FEES DETERMINATION</b>        |          |          |          |
| <b>O.I.P.E. CLASSIFIER</b>       | DR       | 32       | 3/2      |
| <b>FORMALITY REVIEW</b>          | BR       | JC 3-883 | 03-09-01 |
| <b>RESPONSE FORMALITY REVIEW</b> | jp       | 1030     | 6-21-01  |

## INDEX OF CLAIMS

✓ ..... Rejected N ..... Non-elected  
 = ..... Allowed I ..... Interference  
 - (Through numeral)... Canceled A ..... Appeal  
 - ..... Restricted O ..... Objected

| Claim    | Date    |
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| Final    |         |
| Original |         |
| 1        | 3/15/94 |
| 2        | 3/17/94 |
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If more than 150 claims or 10 actions  
staple additional sheet here

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